

**NEW YORK STATE DEPARTMENT OF HEALTH  
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL  
ATTACHMENT 2.6  
CHANGE OF THIRD PARTY ADMINISTRATOR (TPA) STATUS for PAYORS**

If an electing payor is adding or changing their third party administrator (TPA) or administrative services only organization (ASO), the form below must be completed and submitted to the Department's Office of Pool Administration. **NOTE:** This form is only to be utilized by payors, not TPAs. TPAs should file Attachment #2.4-A or Attachment #2.4-B Addendum.

**Effective Date:** \_\_\_\_\_

**PAYOR INFORMATION:**

Payor Name: \_\_\_\_\_ Payor Federal ID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Type of Status Change** (check appropriate box):

- ☐ **Additional TPA/ASO** (complete Section II only)
- ☐ **Changing TPA/ASO** (complete Sections I, II & III)

**I. PREVIOUS TPA/ASO INFORMATION:**

TPA Name: \_\_\_\_\_ TPA Federal ID #: \_\_\_\_\_

**II. NEW or ADDITIONAL TPA/ASO INFORMATION:**

TPA Name: \_\_\_\_\_ TPA Federal ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

TPA Contact Person: \_\_\_\_\_ TPA Phone #: \_\_\_\_\_

**III. CHECK ONE OF THE FOLLOWING:**

- ☐ Previous TPA will continue to process claims and file reports for all dates of service prior to the change for a period of one year following the end of the year in which the change in TPA occurred or until all such claims have been adjudicated, at which time a final monthly report with a copy of this form indicating same will be filed.
- ☐ All self-insured claims that previous TPA was responsible for have been adjudicated effective \_\_\_\_\_.
- ☐ New TPA is assuming responsibility for all pending claims and HCRA reporting requirements.

**Signature of Payor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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| <p><b>MAIL THIS ATTACHMENT TO:</b><br/>Mr. Jerome Alaimo, Pool Administrator<br/>Office of Pool Administration<br/>Excellus BlueCross BlueShield, Central New York Region<br/>P.O. Box 4757<br/>Syracuse, NY 13221-4757</p> |
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